

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit: 2663

Examiner: Feben Haile

"Express Mail" Mailing Label Number: EV368605533US

In Re.: **Gregory Pogossiants et al.**

Date of Deposit: 03/31/2004

Ref: Case Docket No.: P3295CIP1

Serial No.: 09/827,608

Filed: 04/06/2001

Subject: **Using SML Expressed Primitives for Platform and System-Independent Call Modeling**

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

**PETITION FOR EXTENSION OF TIME TO RESPOND  
UNDER 37 CFR § 1.136**

Applicant hereby petitions for an extension of time of one (1) month, to respond to the office action letter mailed in the above-referenced case on 12/01/2004, for which a 3-month shortened statutory period was set to expire on 03/01/2005. This requested extension extends the time for response to 04/01/2005.

- The petitioner is an established small entity.  
 A check for \$120.00 is enclosed for the extension fee.

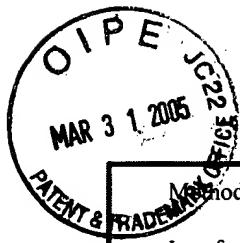
Respectfully submitted,  
Gregory Pogossiants et al.

By

Donald R. Boys  
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04/05/2005 WABDELR1 00000002 09827608  
01 FC:1251 120.00 DP



Method of Transmission: EV368605533US

CASE DOCKET NO. 4689

In reference to application of Gregory Pogossiants et al.

Serial No. 09/827,608

## For Using SML Expressed Primitives for Platform and System-Independent Call Modeling

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

- No additional fee is required.  
 Applicant claims Small entity status under 37 CFR 1.27.  
 The fee has been calculated as shown below.

**** CLAIMS AS AMENDED ****							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Claims Remaining After Amendment		Highest No. Paid For Previously	Present Extra	Rate Small Entity	Rate Large Entity	Additional Fee
Total Claims	24	Minus	** 24	0	\$ 25	\$ 50	\$ 0.00
Indep Claims	2	Minus	*** 3	0	\$ 100	\$ 200	\$ 0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$ 0	\$ 0	\$ 0.00
<input type="checkbox"/> Terminal Disclaimer Fees							\$ 0.00
Extension Fee	<input checked="" type="checkbox"/> 1st Month		<input type="checkbox"/> 2nd Month		<input type="checkbox"/> 3rd Month		\$ 120.00
Total additional for claims, time extensions and disclaimer fees							\$ 120.00

\*\* If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

\*\*\* If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

\*\*\*\* Multiple dependencies, if any, included in the above calculation.

\* If the entry in column 2 is less than the entry in column 4, write "O" in column 5.

 A check in the amount of 120.00 is attached. Charge \$ 0.00 to deposit account 50-0534. (A duplicate of this sheet is enclosed) Please charge any additional fees or credit overpayment to Deposit Account 50-0534. A duplicate of this sheet is enclosed.

Respectfully Submitted,

  
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